


HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (<i>Sign each entry</i>)		
	FAMILY PRACTICE CLINIC 31ST MDG AVIANO AB, ITALY		
	High Blood Pressure Initial Evaluation for adults >18 years of age per JNC VI.		
	S: _____ y/o _____ M / F seen for initial evaluation of high blood pressure.		
	Current symptoms:		
	Previous treatment: (including meds, drugs, and herbal remedies, results and adverse affects)		
	Recent change in weight:		
	Physical Activity:		
	Tobacco: _____ ETOH: _____		
	Diet: (Na,saturated fat,caffeine)		
	Social history: (family situation,job,working condition)		
	PMH: CHD Heart Failure CVA PVD Renal Dz DM Dyslipidemia Gout Sexual Dysfunction		
	Father: HTN Early CHD CVA DM Dyslipidemia Renal Disease		
	Mother: HTN Early CHD CVA DM Dyslipidemia Renal Disease		
	Other first degree relatives:		

PATIENT'S IDENTIFICATION (*Use this space for Mechanical nprint*)

RECORDS MAINTAINED AT: 			
PATIENT'S NAME (<i>Last, First, Middle Initial</i>)			SEX
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME			ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-8)
Prescribed by GSA and ICMB

DATE		SYMPTOMS, PHYSICAL, DIAGNOSIS, TREATMENT, TREATING SPECIALIZATION (sign each entry)																								
	O: P	Ht	Wt	BMI	BP	____/____	____/____ (seated)																			
	General-					____/____	____/____ (standing)																			
	HEENT					____/____	____/____ (contralateral)																			
	Neck																									
	Heart																									
	Lungs																									
	Abdomen																									
	Extremities																									
	Labs: UA																									
	CBC	>-----<																								
Componets of CV risk stratification in patients with HTN Major Risk Factors Smoking Dyslipidemia DM Age>60y Sex(men and postmenopausal women) Family hx of CV disease:women<65 y or men<55y Target Organ Damage/Clinical CV Disease Heart Diseases LVH Angina or prior MI Prior coronary revascularization Heart failure CVA or TIA Nephropathy PVD Retinopathy	Chol	HDL																								
	EKG																									
	Other																									
	A: Optimal BP	Normal BP	High-normal BP	Stage__HTN	Isolated Systolic BP																					
	Target Organ Damage																									
	Cardiac Risk Factors																									
	P: Drug Therapy:																									
	F/U:																									
P: Lifestyle modification																										
<table border="1"> <thead> <tr> <th colspan="4"><i>Risk Stratification and Treatment</i></th> </tr> <tr> <th>BP Stages</th> <th>Risk Gp A No RF; No TOD/CCD</th> <th>Risk Gp B At least 1 RF not including DM No TOD/CCD</th> <th>Risk Gp C TOD/CCD and /or DM, with or without other RF</th> </tr> </thead> <tbody> <tr> <td>High-normal</td> <td>Lifestyle modification</td> <td>Lifestyle modification</td> <td>Drug therapy**</td> </tr> <tr> <td>Stage 1</td> <td>Lifestyle modification (up to 12 mo)</td> <td>Lifestyle modification (up to 6 mo)*</td> <td>Drug therapy</td> </tr> <tr> <td>Stage 2&3</td> <td>Drug therapy</td> <td>Drug therapy</td> <td>Drug therapy</td> </tr> </tbody> </table>							<i>Risk Stratification and Treatment</i>				BP Stages	Risk Gp A No RF; No TOD/CCD	Risk Gp B At least 1 RF not including DM No TOD/CCD	Risk Gp C TOD/CCD and /or DM, with or without other RF	High-normal	Lifestyle modification	Lifestyle modification	Drug therapy**	Stage 1	Lifestyle modification (up to 12 mo)	Lifestyle modification (up to 6 mo)*	Drug therapy	Stage 2&3	Drug therapy	Drug therapy	Drug therapy
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Lifestyle modification should be adjunctive therapy for all patients recommended for pharmacologic therapy.																										
*For patients with multiple risk factors, clinicians should consider drugs as initial therapy plus lifestyle modifications.																										
**For those with heart failure, renal insufficiency, or diabetes.																										